FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT

SIGNATURE:

May 04 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # BEN S. SHOMPER, D.V.M., P.A. Principal Place of Business Mailing Address 8851 SW 19TH AVE. RD. P.O. BOX 399 OCALA FL 34476 **BELLEVIEW FL 34421** DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 01/01/1992 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 4830 S W 7th Ave 59-3098898 26 Not Applicable Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Ocala Г Trust Fund Contribution Added to Fees Country Country Zip 8. This corporation owes or has paid the current year Intangible 34474 USA 24 25 Personal Property Tax due June 30. Yes 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name SHOMPER, BEN S 8851 SW 19TH AVE. RD. Street Address (P.O. Box Number is Not Acceptable)
4830 S.W. 7th Ave 82 **OCALA FL 34476** 83 City Ocala 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agont and title it applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE ☐ DELETE 1.1 TITLE Change Addition SHOMPER, BEN S NAME 1.2 NAME CRZESS4 P.O. BOX 399 N/A 1.3 STREET ADDRESS STREET ADDRESS **BELLEVIEW FL 34421** 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 2.1 TITLE Change Addition TITLE NAME SHOMPER, BEN 2.2 NAME STREET ADDRESS P.O. BOX 399 N/A 2.3 STREET ADORESS **BELLEVIEW FL 34421** CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Addition 31 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Addition DELETE Change TITLE 5.1 TITLE 5.2 NAME STREET ADDRESS **5 3 STREET ADDRESS** 5.4 DITY-ST-ZIP CITY-ST-ZIP DELETE 61 TITLE Addition TITL F 6.2 NAME MALIF STREET ADDRESS 6.3 STREET ADDRESS 14. Thereby certify that the Information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is frue and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or on the receiver of trustee and that my name appears in Block 12 or Block 13 if changed or on the receiver of trustee and that my name appears in Block 12 or Block 13 if changed or on the receiver of trustee and the receiver of the receiver o

Ren S Shomper

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4/27/98

(352)237 7288